

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

ADDRESS (number and street)

412 First Street SE

Suite 300

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00022343

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

02

01

2007

through

02

28

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert A. Rusbuldt

Signature of Treasurer

Electronically Filed by Robert A. Rusbuldt

Date

03

20

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2007</span>		171328.98
(b) Cash on Hand at Beginning of Reporting Period .....	196402.14	
(c) Total Receipts (from Line 19) .....	42421.00	68911.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	238823.14	240239.98
7. Total Disbursements (from Line 31) .....	60662.36	62079.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	178160.78	178160.78
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	37900.00	58540.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	4521.00	10371.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	42421.00	68911.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	42421.00	68911.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	42421.00	68911.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	42421.00	68911.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60500.00	60500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	500.00
29. Other Disbursements.....	162.36	1079.20
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	60662.36	62079.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	60662.36	62079.20

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	42421.00	68911.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	42421.00	68411.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)

Roberta Hoffman

Mailing Address 914 Arizona Ave

City State Zip Code  
Parker AZ 85344-5746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Beaver Insurance Agency,  
Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 0 7

Transaction ID: 3831361

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Barbara Walker

Mailing Address 10490 Highland Road  
P O Box 129

City State Zip Code  
Hartland MI 48353-2639

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hartland Insurance Agency,  
Inc.

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 0 7

Transaction ID: 3831362

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

W Meade Collinsworth

Mailing Address 600 Sandtree Dr

City State Zip Code  
Palm Beach Gardens FL 33403-1597

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Collinsworth, After, Lamb-  
ert, Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 0 7

Transaction ID: 3831363

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial)

**A.** Gould B. Hagler

Mailing Address 3186 Chestnut Drive Conn

City State Zip Code  
Doraville GA 30340-3242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ind Ins Agents of Georgia

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 0 7

Transaction ID: 3831364

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Dan Deener

Mailing Address 726 N Summit St

City State Zip Code  
Arkansas City KS 67005-2220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Agency, Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 0 7

Transaction ID: 3831365

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** John Dalton

Mailing Address 2352 Railroad Hwy

City State Zip Code  
Council Bluffs IA 51503-0591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Insurance Associa-  
tes LLC

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 0 7

Transaction ID: 3831368

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) David A. Walker			Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 7	
Mailing Address 2532 Old US Highway 23			<b>Transaction ID:</b> 3831379	
City State Zip Code Hartland MI 48353-0129			Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Hartland Insurance Agency, Inc.		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) John Murray			Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 7	
Mailing Address 99 Troy Rd			<b>Transaction ID:</b> 3831384	
City State Zip Code East Greenbush NY 12061-1027			Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Rose & Kiernan, Inc.		Occupation CEO & President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Dennis A. Rossi			Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 7	
Mailing Address P O Box 630			<b>Transaction ID:</b> 3831385	
City State Zip Code Warren OH 44482-0630			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Rossi Agency, Inc.		Occupation Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial)

A. John O. Watson

Mailing Address P O Box 96

City

Charlottesville

State

VA

Zip Code

22902-0096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hanckel Citizens Insurance  
CorporationOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 0 7

Transaction ID: 3831387

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Andrew J. Valdivia

Mailing Address 807 Arizona Ave

City

Santa Monica

State

CA

Zip Code

90401-1805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
White & Company Insurance,  
Inc.Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 5 / 2 0 0 7

Transaction ID: 3832912

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Spencer M. Houldin

Mailing Address 4 Green Hill Rd

City

Washington Depot

State

CT

Zip Code

06793-1201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ericson Insurance ServicesOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 5 / 2 0 0 7

Transaction ID: 3832913

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Paul E Jones		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 5 / 2 0 0 7
Mailing Address 33 Riverside Ave		<b>Transaction ID:</b> 3832914 Amount of Each Receipt this Period 500.00
City Westport	State CT	
Zip Code 06880-4223		
FEC ID number of contributing federal political committee. C		
Name of Employer Webster Insurance	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Warren C. Ruppap		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 5 / 2 0 0 7
Mailing Address 30 Jordan Lane		<b>Transaction ID:</b> 3832915 Amount of Each Receipt this Period 500.00
City Wethersfield	State CT	
Zip Code 06109-1278		
FEC ID number of contributing federal political committee. C		
Name of Employer Independent Insurance Agents of Connecticut	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Alex Soto		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 5 / 2 0 0 7
Mailing Address 9500 S Dadeland Blvd		<b>Transaction ID:</b> 3832918 Amount of Each Receipt this Period 2500.00
City Miami	State FL	
Zip Code 33156-2818		
FEC ID number of contributing federal political committee. C		
Name of Employer InSource, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) David F. Lewis Mailing Address PO Box 1851 City Alpharetta State GA Zip Code 30023-1851 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer D F Lewis & Co Occupation Producer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 5 / 2 0 0 7 <b>Transaction ID: 3832919</b> Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Jackson H. Sherrill Mailing Address 7805 Waters Ave Suite 12B City Savannah State GA Zip Code 31406-2445 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Sherrill & Company Occupation Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 5 / 2 0 0 7 <b>Transaction ID: 3832920</b> Amount of Each Receipt this Period 1000.00
<b>C.</b> Full Name (Last, First, Middle Initial) Keith Riley Mailing Address 1120 Main St City Benton State KY Zip Code 42025-1450 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Peel & Holland Financial Group Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 620.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 5 / 2 0 0 7 <b>Transaction ID: 3832931</b> Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Jeff Albright Mailing Address 9818 Bluebonnet Blvd City State Zip Code Baton Rouge LA 70810-6442 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Ind Ins Agts of Louisiana Inc. Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 5 / 2 0 0 7 <b>Transaction ID: 3832932</b> Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Richard Davis Mailing Address 160 Gould St City State Zip Code Needham Heights MA 02494-2313 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Provider Insurance Group, Inc. Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 5 / 2 0 0 7 <b>Transaction ID: 3832933</b> Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) Francis A. Mancini Mailing Address 137 Pennsylvania Ave City State Zip Code Framingham MA 01701-8837 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Massachusetts Association of Insurance Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 5 / 2 0 0 7 <b>Transaction ID: 3832936</b> Amount of Each Receipt this Period 250.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Vincent P. Sylvia Mailing Address 500 Faunce Corner Road Bldg 100 City State Zip Code Dartmouth MA 02747-1278 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 5 / 2 0 0 7 <b>Transaction ID: 3832937</b> Amount of Each Receipt this Period 1000.00
Name of Employer Sylvia & Co Insurance Age- ncy, Inc. Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Michael R. Donohoe Mailing Address 208 N Broad St City State Zip Code Mankato MN 56001-3520 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 5 / 2 0 0 7 <b>Transaction ID: 3832938</b> Amount of Each Receipt this Period 1000.00
Name of Employer James R. Weir Insurance Agency, Inc. Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Mitchell C. Mills Mailing Address 110 W Jefferson City State Zip Code Clinton MO 64735-2061 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 5 / 2 0 0 7 <b>Transaction ID: 3832939</b> Amount of Each Receipt this Period 1000.00
Name of Employer Mills and Sons Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Thomas Minkler Mailing Address 102 Main St City Keene State NH Zip Code 03431-3736 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Clark-Mortenson Agency, Inc. Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 6 / 2 0 0 7 <b>Transaction ID: 3832951</b> Amount of Each Receipt this Period 2500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Fred A. Rogne Mailing Address 295 S Maine St City Fallon State NV Zip Code 89406-3303 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer E. H. Hursh, Inc. Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 6 / 2 0 0 7 <b>Transaction ID: 3832952</b> Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Sheri A. Acconzo Mailing Address 2211 Whitehorse-Mercerville Rd. City Hamilton State NJ Zip Code 08619-2605 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Independent Insurance Agents & Brokers Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 6 / 2 0 0 7 <b>Transaction ID: 3832953</b> Amount of Each Receipt this Period 500.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		3250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Mark R. Alleman Mailing Address 1 Kalisa Way City State Zip Code Paramus NJ 07652-3516 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Maximum Benefit Ins. Agency, Inc. Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7 <b>Transaction ID: 3832954</b> Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Louise H. Gernhardt Mailing Address 521 Fellowship Rd Suite 130 City State Zip Code Mount Laurel NJ 08054-3413 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Insurance Office of America Occupation Account Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7 <b>Transaction ID: 3832957</b> Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Jacqueline Jungsberger Mailing Address 514 Brick Blvd City State Zip Code Brick NJ 08723-6088 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Tri-County Agency of Brick, Inc. Occupation Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7 <b>Transaction ID: 3832958</b> Amount of Each Receipt this Period 500.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Benjamin J. Keogh		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 6 / 2 0 0 7	
Mailing Address 635 Rte 9 P.O. Box K		<b>Transaction ID:</b> 3832959	
City Bayville	State NJ	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer John Hill Agency	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Roger Leonard		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 6 / 2 0 0 7	
Mailing Address 200 Haddonfield Berlin Rd		<b>Transaction ID:</b> 3832960	
City Gibbsboro	State NJ	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Leonard-O'Neill Group	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Michael McGrath		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 6 / 2 0 0 7	
Mailing Address 12800 Long Beach Blvd		<b>Transaction ID:</b> 3832966	
City Long Beach Townshi	State NJ	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Van Dyk Group	Occupation Account Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)

Marianne Speakman

Mailing Address 825 Georges Road

City State Zip Code  
 North Brunswick NJ 08902-3357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chibbaro Brothers, Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 0 6 / 2 0 0 7

Transaction ID: 3832967

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Steven J. Spiro

Mailing Address 71 S Central Ave  
 Suite 305

City State Zip Code  
 Valley Stream NY 11580-5403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spiro Risk Management, In-  
c.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 0 6 / 2 0 0 7

Transaction ID: 3832968

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

Mark Male

Mailing Address 70 Elton St

City State Zip Code  
 Providence RI 02906-4506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Westport Insurance Group

Occupation  
Marketing Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 0 6 / 2 0 0 7

Transaction ID: 3832971

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Jon A Jensen Mailing Address P O Box 1387 City State Zip Code Gaffney SC 29342-1387 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Correll Insurance Group Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00			Date of Receipt MM / DD / YYYY 02 / 06 / 2007 <b>Transaction ID: 3832972</b> Amount of Each Receipt this Period 2500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Gary M. Joyce Mailing Address 225 S Minnesota Ave City State Zip Code Sioux Falls SD 57104-6313 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Howalt-McDowell Insurance, Inc. Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 560.00			Date of Receipt MM / DD / YYYY 02 / 06 / 2007 <b>Transaction ID: 3832973</b> Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) Michael S. Rydbom Mailing Address 375 S Grand Ave City State Zip Code Pullman WA 99163-2841 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Associated Independent Agencies Inc Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt MM / DD / YYYY 02 / 06 / 2007 <b>Transaction ID: 3832976</b> Amount of Each Receipt this Period 1000.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Robert H. Marsh Mailing Address 11 E Newton St City State Zip Code Rice Lake WI 54868-1756 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Marsh Agency, Inc. Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 6 / 2 0 0 7 <b>Transaction ID: 3832977</b> Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) James H. Ryan Mailing Address 330 E Kilbourn Ave City State Zip Code Milwaukee WI 53202-3170 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Robertson-Ryan & Associates Inc. Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 6 / 2 0 0 7 <b>Transaction ID: 3832978</b> Amount of Each Receipt this Period 350.00
<b>C.</b> Full Name (Last, First, Middle Initial) Mark V. Williamson Mailing Address 1910 N Grant St City State Zip Code Little Rock AR 72207-4411 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Mark V. Williamson Company, Inc. Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 6 / 2 0 0 7 <b>Transaction ID: 3835406</b> Amount of Each Receipt this Period 1000.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			1600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Dan Dannenhauer Mailing Address 14120 Metropolis Ave City State Zip Code Fort Myers FL 33912-4331 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Five County Insurance Agency Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 6 / 2 0 0 7 <b>Transaction ID: 3835409</b> Amount of Each Receipt this Period 1000.00
<b>B.</b> Full Name (Last, First, Middle Initial) Brad Bourg Mailing Address 504 Iberville Street City State Zip Code Donaldsonville LA 70346-2504 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Bourg Insurance Agency Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 6 / 2 0 0 7 <b>Transaction ID: 3835412</b> Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) James Brien Mailing Address 5662 Hwy 308 City State Zip Code Plattenville LA 70393-2025 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Arthur J. Gallagher Risk Management Se Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 6 / 2 0 0 7 <b>Transaction ID: 3835413</b> Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Parke Ellis Mailing Address 1615 Poydras St City State Zip Code New Orleans LA 70112-1254 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Gillis Ellis & Baker Inc Insurance Agent Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 6 / 2 0 0 7 <b>Transaction ID: 3835414</b> Amount of Each Receipt this Period 500.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Tommy Huval Mailing Address 7444 Picardy Ave City State Zip Code Baton Rouge LA 70808-4331 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Brown & Brown of Baton Rouge Insurance Agent Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 6 / 2 0 0 7 <b>Transaction ID: 3835415</b> Amount of Each Receipt this Period 500.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Richard D. Jenkins Mailing Address 1018 Main St City State Zip Code Franklinton LA 70438-1709 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Moore & Jenkins Insurance Agency, LLC Insurance Agent Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 6 / 2 0 0 7 <b>Transaction ID: 3835416</b> Amount of Each Receipt this Period 250.00	
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			1250.00	
<b>TOTAL</b> This Period (last page this line number only) ..... ▶				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)

Bernard McKenzie

Mailing Address 2201 Forsythe Ave

City State Zip Code  
 Monroe LA 71201-3643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Community Financial Insur-  
ance Center.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 2 / 1 6 / 2 0 0 7

Transaction ID: 3835417

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

Malcolm D. Morris

Mailing Address 400 S Sixth St

City State Zip Code  
 Leesville LA 71446-4440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Morris Insurance Agency,  
Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 2 / 1 6 / 2 0 0 7

Transaction ID: 3835418

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Clay Mullin

Mailing Address 1810 East 70th St

City State Zip Code  
 Shreveport LA 71105-5337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mullin & Mullin Insurance,  
Inc

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 2 / 1 6 / 2 0 0 7

Transaction ID: 3835419

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ed O'Brien</p> <p>Mailing Address 9818 Bluebonnet Blvd</p> <p>City State Zip Code Baton Rouge LA 70810-6442</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Ind Ins Agts of Louisiana Inc.</p> <p>Occupation Vice President</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt            M M / D D / Y Y Y Y Y            0 2 / 1 6 / 2 0 0 7         </p> <p>Transaction ID: 3835420</p> <p>Amount of Each Receipt this Period 250.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Neil Record</p> <p>Mailing Address 10942 Plank Rd</p> <p>City State Zip Code Clinton LA 70722-3311</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Record Agency Inc</p> <p>Occupation Insurance Agent</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt            M M / D D / Y Y Y Y Y            0 2 / 1 6 / 2 0 0 7         </p> <p>Transaction ID: 3835421</p> <p>Amount of Each Receipt this Period 250.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) John R. Smestad</p> <p>Mailing Address 2629 N Causeway Blvd</p> <p>City State Zip Code Metairie LA 70002-6049</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Eagan Insurance Agency, Inc.</p> <p>Occupation Insurance Agent</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt            M M / D D / Y Y Y Y Y            0 2 / 1 6 / 2 0 0 7         </p> <p>Transaction ID: 3835423</p> <p>Amount of Each Receipt this Period 250.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p> <p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p>750.00</p>

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Dave Wyrsh Mailing Address 595 Franklin Ave City State Zip Code Franklin Lakes NJ 07417-2509 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Van Dyk Group - Franklin Lakes Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 6 / 2 0 0 7 <b>Transaction ID: 3835425</b> Amount of Each Receipt this Period 1000.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Dan Wyrsh Mailing Address 102 E Bay Ave City State Zip Code Manahawkin NJ 08050-3175 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Van Dyk Group - Commercial Insurance D Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 6 / 2 0 0 7 <b>Transaction ID: 3835426</b> Amount of Each Receipt this Period 250.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Richard A. Beskin Mailing Address 300 Southport Circle City State Zip Code Virginia Beach VA 23452-1179 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Beskin & Associates Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 6 / 2 0 0 7 <b>Transaction ID: 3835427</b> Amount of Each Receipt this Period 500.00	
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			1750.00	
<b>TOTAL</b> This Period (last page this line number only) ..... ▶				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial)

A. James S. Day, Jr

Mailing Address 203 N Main St

City

Bowling Green

State

VA

Zip Code

22427-9417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DeJarnette & Beale, Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 6 / 2 0 0 7

Transaction ID: 3835429

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Tyler W. Hancock

Mailing Address 6809 Stoneman Rd

City

Richmond

State

VA

Zip Code

23228-2722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ford & Thomas Insurance  
Agency, Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 6 / 2 0 0 7

Transaction ID: 3835430

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Glen Phillips

Mailing Address 11351 Random Hills Rd

City

Fairfax

State

VA

Zip Code

22030-6081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Long & Foster Insurance  
Agency Inc

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 6 / 2 0 0 7

Transaction ID: 3835431

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) R. David Priest		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 6 / 2 0 0 7	
Mailing Address 2570-B Gaskins Rd		<b>Transaction ID:</b> 3835433	
City Richmond	State VA	Zip Code 23233-1468	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Virginia Commonwealth Corporation		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Robert Nadolske		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 6 / 2 0 0 7	
Mailing Address P O Box 2467		<b>Transaction ID:</b> 3835434	
City Oshkosh	State WI	Zip Code 54903-2467	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Monroe Agency Inc		Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

37900.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial)

**A.** Alexander for Senate

Mailing Address 1130 8th Avenue South

City Nashville State TN Zip Code 37203

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Lamar Alexander

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District:

Transaction ID: 3834861

Date of Disbursement

02 / 26 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Bachmann For Congress

Mailing Address Box 49756

City Blaine State MN Zip Code 55449

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Michele Bachmann

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 6

Transaction ID: 3835400

Date of Disbursement

02 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Bachmann For Congress

Mailing Address Box 49756

City Blaine State MN Zip Code 55449

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Michele Bachmann

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 6

Transaction ID: 3836680

Date of Disbursement

02 / 26 / 2007

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial)

**A.** Baker for Congress

Mailing Address PO Box 1694

City Baton Rouge State LA Zip Code 70821-1694

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Richard H. Baker

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 6

Transaction ID: 3836689

Date of Disbursement

02 / 26 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Blackburn for Congress

Mailing Address P.O. Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Marsha Blackburn

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 7

Transaction ID: 3836700

Date of Disbursement

02 / 27 / 2007

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C.** Capuano for Congress Cmte.

Mailing Address 38 Ivy Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mike Capuano

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 8

Transaction ID: 3836692

Date of Disbursement

02 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 40

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial)

**A.** Chambliss For Senate

Mailing Address P.O. Box 12469

City Atlanta State GA Zip Code 30355

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Saxby Chambliss

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 0

Transaction ID: 3836698

Date of Disbursement

02 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Coleman for Senate '08

Mailing Address 570 Asbury St Ste 201A

City Saint Paul State MN Zip Code 55104-1864

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Norm Coleman

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 0

Transaction ID: 3822923

Date of Disbursement

02 / 14 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.** Crowley for Congress

Mailing Address 426 C Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Joseph Crowley

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 7

Transaction ID: 3836681

Date of Disbursement

02 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 40

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial)

**A.** Davis for Congress

Mailing Address 700 12th Street, NW Suite 700

City Washington State DC Zip Code 20005

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Geoffrey Davis

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 4

Transaction ID: 3836690

Date of Disbursement

02 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Diaz-Balart for Congress

Mailing Address 8770 Sunset Drive #421

City Miami State FL Zip Code 33173

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mario Diaz-Balart

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 25

Transaction ID: 3836702

Date of Disbursement

02 / 27 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.** Joe Donnelly For Congress

Mailing Address P.O. Box 1961  
Century Building

City South Bend State IN Zip Code 46634

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Joseph Donnelly

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 2

Transaction ID: 3835402

Date of Disbursement

02 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial)

**A.** Bob Etheridge for Congress Cmte.

Mailing Address PO Box 28001

City  
RaleighState  
NCZip Code  
27611

Purpose of Disbursement

Candidate Name  
Bob EtheridgeOffice Sought: ☒ House  
☐ Senate  
☐ President

State: NC District: 2

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 3836685

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	6	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

011
Category/ Type

Full Name (Last, First, Middle Initial)

**B.** Garrett for Congress

Mailing Address P.O. Box 905

City  
NewtonState  
NJZip Code  
07860

Purpose of Disbursement

Candidate Name  
Scott GarrettOffice Sought: ☒ House  
☐ Senate  
☐ President

State: NJ District: 5

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 3836683

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	6	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

011
Category/ Type

Full Name (Last, First, Middle Initial)

**C.** Citizens for Gillmor

Mailing Address P.O. Box 150

City  
Old FortState  
OHZip Code  
44861

Purpose of Disbursement

Candidate Name  
Paul GillmorOffice Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 5

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 3836701

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	7	/	2	0	0	7

Amount of Each Disbursement this Period

2500.00

011
Category/ Type

SUBTOTAL of Disbursements This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial)

## **A. Growth and Prosperity PAC**

Mailing Address 217 3rd St SE

City Washington State DC Zip Code 20003-1904

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 3822922

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)

## **B. House Conservatives Fund**

Mailing Address PO Box 2752

City Washington State DC Zip Code 20013

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 3836688

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)

## **C. Georgians for Isakson**

Mailing Address PO Box 71955

City Marietta State GA Zip Code 30007-1955

Purpose of Disbursement

Candidate Name

John Isakson

Office Sought: ☐ House  
☒ Senate  
☐ President

State: GA District: 0

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 3836678

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial)

**A.** Jesse Jackson Jr. for Congress

Mailing Address 530 7th Street SE  
Second Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Jesse Jackson Jr.

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 2

Transaction ID: 3836693

Date of Disbursement

02 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Pennsylvanians for Kanjorski

Mailing Address 126 S Franklin St

City Wilkes Barre State PA Zip Code 18701-1101

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Paul Kanjorski

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 11

Transaction ID: 3836696

Date of Disbursement

02 / 27 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.** Klein For Congress

Mailing Address 21301 Powerline Road Suite 204

City Boca Raton State FL Zip Code 33433

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Ronald Klein

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: 3836703

Date of Disbursement

02 / 27 / 2007

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial)

**A.** Maloney for Congress

Mailing Address 24 E 93rd St Ste 4B

City New York State NY Zip Code 10128-0627

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Carolyn Maloney

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 14

Transaction ID: 3822925

Date of Disbursement

02 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Manzullo for Congress

Mailing Address PO Box 16021

City Alexandria State VA Zip Code 22302

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Donald A. Manzullo

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 16

Transaction ID: 3836699

Date of Disbursement

02 / 27 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** Matheson For Congress

Mailing Address P.O. Box 636

City Annandale State VA Zip Code 22003

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
James Matheson

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District: 2

Transaction ID: 3822927

Date of Disbursement

02 / 14 / 2007

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial)

**A.** Earl Pomeroy for Congress

Mailing Address PO Box 75214

City  
Washington

State  
DC

Zip Code  
20013-0214

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Earl Pomeroy

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ND District: 0

Transaction ID: 3836691

Date of Disbursement

02 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Porter for Congress

Mailing Address PO Box 26087

City  
Las Vegas

State  
NV

Zip Code  
89126-0087

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Jon C. Porter

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 3

Transaction ID: 3836676

Date of Disbursement

02 / 26 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.** The Reed Cmte.

Mailing Address 236 Massachusetts Ave NE Ste 608

City  
Washington

State  
DC

Zip Code  
20002-4980

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Jack Reed

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: RI District: 0

Transaction ID: 3836687

Date of Disbursement

02 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial)

**A.** Renzi for Congress

Mailing Address 122 E Route 66 Ste 2

City Flagstaff State AZ Zip Code 86001-7615

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rick Renzi

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 1

Transaction ID: 3836697

Date of Disbursement

02 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Roskam for Congress

Mailing Address PO Box 713

City Wheaton State IL Zip Code 60189-0713

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Peter Roskam

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 6

Transaction ID: 3822929

Date of Disbursement

02 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Ryan for Congress

Mailing Address PO Box 1919

City Janesville State WI Zip Code 53547-1919

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Paul Ryan

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 1

Transaction ID: 3836694

Date of Disbursement

02 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial)

**A.** Friends of Sessions Senate Cmte.

Mailing Address 900 Second Street NE  
Suite 114

City Washington State DC Zip Code 20002

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Jeff Sessions

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District:

Transaction ID: 3822928

Date of Disbursement

02 / 14 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.** Friends of John Tanner

Mailing Address 236 Massachusetts Ave NE Ste 508

City Washington State DC Zip Code 20002-4980

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
John Tanner

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 8

Transaction ID: 3836704

Date of Disbursement

02 / 27 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** Whitfield for Congress

Mailing Address 217 Third Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Edward Whitfield

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 1

Transaction ID: 3822921

Date of Disbursement

02 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial)

**A.** Charlie Wilson for Congress

Mailing Address 800 Main St

City  
Bridgeport

State  
OH

Zip Code  
43912-1477

Purpose of Disbursement

Candidate Name  
Charlie Wilson

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 6

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 3836682

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	7	

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

60500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial)

**A.** Fifth Third Processing Solutions

Mailing Address 38 Fountain Square Plaza

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement

001

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 3854797

Date of Disbursement

02 / 05 / 2007

Amount of Each Disbursement this Period

121.10

Full Name (Last, First, Middle Initial)

**B.** Fifth Third Processing Solutions

Mailing Address 38 Fountain Square Plaza

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement

001

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 3854798

Date of Disbursement

02 / 09 / 2007

Amount of Each Disbursement this Period

1.44

Full Name (Last, First, Middle Initial)

**C.** Fifth Third Processing Solutions

Mailing Address 38 Fountain Square Plaza

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement

001

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 3854799

Date of Disbursement

02 / 09 / 2007

Amount of Each Disbursement this Period

38.47

**SUBTOTAL** of Disbursements This Page (optional) .....

161.01

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial)

**A.** Fifth Third Processing Solutions

Mailing Address 38 Fountain Square Plaza

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼001  
Category/  
Type

Transaction ID: 3854800

Date of Disbursement

M M / D D / Y Y Y Y  
0 2 / 2 1 / 2 0 0 7

Amount of Each Disbursement this Period

1.35

SUBTOTAL of Disbursements This Page (optional) .....

1.35

TOTAL This Period (last page this line number only) .....

162.36